



# 2005 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

APPROVED  
AND  
FILED

05 AUG 30 AM 10:05

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # N00000002629					
1. Entity Name CEDAR GLEN OF ALOMA WOODS HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business 165 WEST SR 434 WINTER SPRINGS, FL 32708 US		Mailing Address PO BOX 915322 LONGWOOD, FL 32791-5322 US			
2. Principal Place of Business <b>206 ELM AVE</b>		3. Mailing Address <b>P.O. BOX 1596</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		07292005 Chg-NP CR2E037 (10/03)	
City & State <b>SANFORD FL</b>		City & State <b>SANFORD FL</b>		4. FEI Number <b>59-3657505</b>	
Zip <b>32771</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent <b>NATIONAL ASSOCIATION MGMT CO 165 WEST SR 434 WINTER SPRINGS, FL 32708</b>				7. Name and Address of New Registered Agent Name <b>GINA N HOLBROOK</b> Street Address (P.O. Box Number is Not Acceptable) <b>PREMIER PROPERTY MGT CFL 206 ELM AVE</b> City <b>SANFORD</b> FL Zip Code <b>32771</b>	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE <b>GINA N. HOLBROOK</b> <i>Gina N. Holbrook</i> Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE					
<b>Amended AR is \$61.25</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MAIO, PHILLIP 2681 BELLEWATER PL OVIEDO, FL 32765 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>K. Eckel AUG 30 2005</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BAYMOUR, LINDA 5550 CANTEEN COURT OVIEDO, FL 32765 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>P/D SEYMOUR, LINDA 5550 CANTEEN COURT OVIEDO FL 32765</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD DOVALI, FRANCISCO 2681 BELLEWATER PL OVIEDO, FL 32765 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>600059393968 09/07/05--01029--004 **61.25</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP/D STANISLOWSKI, DENNIS 2717 BELLEWATER PLACE OVIEDO, FL 32765 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>T/VP/D STANISLOWSKI, DENNIS 2717 Bellewatter Pl OVIEDO, FL 32765</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BETANCOURT, DAWN 5566 CANTEEN CT OVIEDO, FL 32765 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>SID STANLEY, CONSTANCE 5551 CANTEEN CT OVIEDO, FL 32765</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>Linda K Seymour</i>		Date <b>8/23/05</b>		Daytime Phone # <b>407-322-4922</b>	